

NEWCARE, INC.

P. O. BOX 460

CRIVITZ 54114 Phone: (715) 854-2717

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/01): 64

Total Licensed Bed Capacity (12/31/01): 64

Number of Residents on 12/31/01: 63

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Title 19 (Medicaid) Certified?

Average Daily Census:

Corporation

Skilled

Yes

Yes

Yes

63

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)			
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year			
Home Health Care	Yes					1 - 4 Years	38.1		
Supp. Home Care-Personal Care	No					More Than 4 Years	39.7		
Supp. Home Care-Household Services	No	Developmental Disabilities	3.2	Under 65	4.8		22.2		
Day Services	No	Mental Illness (Org./Psy)	41.3	65 - 74	3.2		-----		
Respite Care	Yes	Mental Illness (Other)	3.2	75 - 84	31.7		100.0		
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	54.0	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	6.3	Full-Time Equivalent			
Congregate Meals	No	Cancer	4.8		-----	Nursing Staff per 100 Residents			
Home Delivered Meals	Yes	Fractures	0.0		100.0	(12/31/01)			
Other Meals	No	Cardiovascular	17.5	65 & Over	95.2	-----			
Transportation	Yes	Cerebrovascular	12.7		-----	RNs	11.9		
Referral Service	No	Diabetes	1.6	Sex	%	LPNs	6.6		
Other Services	Yes	Respiratory	1.6		-----	Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	14.3	Male	27.0	Aides, & Orderlies			
Mentally Ill	No		-----	Female	73.0				
Provide Day Programming for			100.0		-----				
Developmentally Disabled	No				100.0				

Method of Reimbursement

Medi care (Title 18)			Medi caid (Title 19)			Other		Pri vate Pay			Fami ly Care		Managed Care							
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	3	100.0	318	47	97.9	110	0	0.0	0	12	100.0	136	0	0.0	0	0	0.0	0	62	98.4
Intermediate	---	---	---	1	2.1	92	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.6
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0		48	100.0		0	0.0		12	100.0		0	0.0		0	0.0		63	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				

Percent Admissions from		Activities of	%	% Needing Assistance of	% Totally Dependent	Total Number of Residents
Private Home/No Home Health	13.2	Daily Living (ADL)	Independent	One Or Two Staff		
Private Home/With Home Health	5.3	Bathing	1.6	69.8	28.6	63
Other Nursing Homes	28.9	Dressing	4.8	66.7	28.6	63
Acute Care Hospitals	34.2	Transferring	19.0	52.4	28.6	63
Psych. Hosp. -MR/DD Facilities	2.6	Toilet Use	19.0	52.4	28.6	63
Rehabilitation Hospitals	0.0	Eating	54.0	27.0	19.0	63
Other Locations	15.8	*****				
Total Number of Admissions	38	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	3.2	Receiving Respiratory Care		9.5
Private Home/No Home Health	10.5	Occ/Freq. Incontinent of Bladder	58.7	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	10.5	Occ/Freq. Incontinent of Bowel	30.2	Receiving Suctioning		0.0
Other Nursing Homes	5.3			Receiving Ostomy Care		3.2
Acute Care Hospitals	13.2	Mobility		Receiving Tube Feeding		6.3
Psych. Hosp. -MR/DD Facilities	2.6	Physically Restrained	12.7	Receiving Mechanically Altered Diets		63.5
Rehabilitation Hospitals	0.0					
Other Locations	7.9	Skin Care		Other Resident Characteristics		
Deaths	50.0	With Pressure Sores	3.2	Have Advance Directives		96.8
Total Number of Discharges		With Rashes	7.9	Medications		
(Including Deaths)	38			Receiving Psychoactive Drugs		54.0

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	98.4	82.5	1.19	86.4	1.14	85.8	1.15	84.6	1.16
Current Residents from In-County	87.3	74.3	1.18	69.6	1.25	69.4	1.26	77.0	1.13
Admissions from In-County, Still Residing	55.3	19.8	2.79	19.9	2.78	23.1	2.39	20.8	2.66
Admissions/Average Daily Census	60.3	148.2	0.41	133.4	0.45	105.6	0.57	128.9	0.47
Discharges/Average Daily Census	60.3	146.6	0.41	132.0	0.46	105.9	0.57	130.0	0.46
Discharges To Private Residence/Average Daily Census	12.7	58.2	0.22	49.7	0.26	38.5	0.33	52.8	0.24
Residents Receiving Skilled Care	98.4	92.6	1.06	90.0	1.09	89.9	1.09	85.3	1.15
Residents Aged 65 and Older	95.2	95.1	1.00	94.7	1.01	93.3	1.02	87.5	1.09
Title 19 (Medicaid) Funded Residents	76.2	66.0	1.15	68.8	1.11	69.9	1.09	68.7	1.11
Private Pay Funded Residents	19.0	22.2	0.86	23.6	0.81	22.2	0.86	22.0	0.87
Developmentally Disabled Residents	3.2	0.8	4.23	1.0	3.06	0.8	4.23	7.6	0.42
Mentally Ill Residents	44.4	31.4	1.42	36.3	1.22	38.5	1.16	33.8	1.32
General Medical Service Residents	14.3	23.8	0.60	21.1	0.68	21.2	0.67	19.4	0.74
Impaired ADL (Mean)	54.0	46.9	1.15	47.1	1.15	46.4	1.16	49.3	1.10
Psychological Problems	54.0	47.2	1.14	49.5	1.09	52.6	1.03	51.9	1.04
Nursing Care Required (Mean)	11.7	6.7	1.76	6.7	1.74	7.4	1.57	7.3	1.60